

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032485

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4546

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

FILED SEP 11 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Gen Hosp & Med Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

1219 Jefferson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Leslie

Tony

Vahle

4. DATE
OF DEATH

Month

8

Day

11

Year

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/28/1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (City and state or country)

Jerseyville, Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

No record

13b. MOTHER'S MAIDEN NAME

No record

14. NAME OF HUSBAND OR WIFE

Daisey I. Vahle, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

62

17. INFORMANT

Mrs. Helen Drummer

Address
2632 Madison

K. C. 8, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accident

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-6-63

to 8-11-63

and last saw her alive on

8-11-63

Death occurred at

8:40

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

8-12-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8/16/1963

23c. NAME OF CEMETERY OR CREMATORY

Mount Calvary

23d. LOCATION (City, town, or county)

Kansas City

(State)

Kansas

24. FUNERAL DIRECTOR

Wagner Funeral Home

ADDRESS

K.C., Mo.

25. DATE RECD. BY LOCAL REG.

8-14-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Abrie R. Haccuschild

Licensed Embalmer No. 4159

P. O. Address Harvard County MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.